| National Transportation Safety Board                          |           | NTSB ID:       | DEN89FA05        | 6                  | Aircraft Registration Number: N945FE |           |          |  |  |  |
|---|-----------|----------------|------------------|--------------------|--------------------------------------|-----------|----------|--|--|--|
| FACTUAL REPORT  |           | Occurren       | ce Date: 01/05   | 5/1989             | Most Critical Injury: Serious        |           |          |  |  |  |
| AYIATION  |           | Occurren       | ce Type: Accid   | lent               | Investigated By: NTSB                |           |          |  |  |  |
| Location/Time   |           |                |                  |                    |                                      |           |          |  |  |  |
| Nearest City/Place  | State     | Zi             | p Code           | Local Time         | Time Zone                            |           |          |  |  |  |
| ASPEN   | СО        | 8              | 1611             | 0739               | MST                                  |           |          |  |  |  |
| Airport Proximity: Off Airport/Airstrip                       | Distar    | nce From L     | anding Facility: | 3                  | Direction Fron                       | m Airport | oort: 77 |  |  |  |
| Aircraft Information Summary                                  |           |                |                  |                    |                                      |           |          |  |  |  |
| Aircraft Manufacturer   |           |                | Model/Series     |                    | Type of Aircraft                     |           |          |  |  |  |
| CESSNA  |           |                | 208B             | Airplane           |                                      |           |          |  |  |  |
| Sightseeing Flight: No  |           | P              | Air Medical Tr   | ansport Flight: No |                                      |           |          |  |  |  |
| Narrative   |           |                |                  |                    |                                      |           |          |  |  |  |
| Brief narrative statement of facts, conditions and circumstan | ces perti | nent to the ac | cident/incident: |                    |                                      |           |          |  |  |  |
|   |           |                |                  |                    |                                      |           |          |  |  |  |
|   |           |                |                  |                    |                                      |           |          |  |  |  |
|   |           |                |                  |                    |                                      |           |          |  |  |  |
|   |           |                |                  |                    |                                      |           |          |  |  |  |
|   |           |                |                  |                    |                                      |           |          |  |  |  |
|   |           |                |                  |                    |                                      |           |          |  |  |  |
|   |           |                |                  |                    |                                      |           |          |  |  |  |
|   |           |                |                  |                    |                                      |           |          |  |  |  |
|   |           |                |                  |                    |                                      |           |          |  |  |  |
|   |           |                |                  |                    |                                      |           |          |  |  |  |
|   |           |                |                  |                    |                                      |           |          |  |  |  |
|   |           |                |                  |                    |                                      |           |          |  |  |  |
|   |           |                |                  |                    |                                      |           |          |  |  |  |
|   |           |                |                  |                    |                                      |           |          |  |  |  |
|   |           |                |                  |                    |                                      |           |          |  |  |  |
|   |           |                |                  |                    |                                      |           |          |  |  |  |
|   |           |                |                  |                    |                                      |           |          |  |  |  |
|   |           |                |                  |                    |                                      |           |          |  |  |  |
|   |           |                |                  |                    |                                      |           |          |  |  |  |
|   |           |                |                  |                    |                                      |           |          |  |  |  |
|   |           |                |                  |                    |                                      |           |          |  |  |  |
|   |           |                |                  |                    |                                      |           |          |  |  |  |
|   |           |                |                  |                    |                                      |           |          |  |  |  |
|   |           |                |                  |                    |                                      |           |          |  |  |  |
|   |           |                |                  |                    |                                      |           |          |  |  |  |
|   |           |                |                  |                    |                                      |           |          |  |  |  |

FACTUAL REPORT - AVIATION

Page 1

National Transportation Safety Board
FACTUAL REPORT
AVIATION

NTSB ID: DEN89FA056

Occurrence Date: 01/05/1989

| THEIRING                             | 2 |                                |                           |   |             |          |          |       |                    |                        |             |                     |                   |
|--------------------------------------|---|--------------------------------|---------------------------|---|-------------|----------|----------|-------|--------------------|------------------------|-------------|---------------------|-------------------|
| AVIATION                             |   | Occu                           | Occurrence Type: Accident |   |             |          |          |       |                    |                        |             |                     |                   |
| Landing Facility/Approach In         | formation                               |                                |                           |   |             |          |          |       |                    |                        |             |                     |                   |
| Airport Name                         |   | Airport                        | ID:                       | Airport Eleva                                   | tion        | Run      | way Used | Runwa | ay Lengt           | h I                    | Runv        | ay Width            |                   |
| ASPEN-PITKIN COUNTY                  |   |                                | ASE                       |   | 7815 Ft     | . MSL    | . 15     |       | 7003               | 3   1                  |             | 100                 |                   |
| Runway Surface Type: Asphalt         |   |                                |                           |   |             |          |          |       |                    |                        |             |                     |                   |
| Runway Surface Condition: Snow       | compacted                               |                                |                           |   |             |          |          |       |                    |                        |             |                     |                   |
| T                                    | DME                                     |                                |                           |   |             |          |          |       |                    |                        |             |                     |                   |
| Type Instrument Approach: VOR/       | DIVIL                                   |                                |                           |   |             |          |          |       |                    |                        |             |                     |                   |
| VFR Approach/Landing: None           |   |                                |                           |   |             |          |          |       |                    |                        |             |                     |                   |
| Aircraft Information                 |   |                                |                           |   |             |          |          |       |                    |                        |             |                     |                   |
| Aircraft Manufacturer                |   |                                |                           | /lodel/S  | Series      |          |          |       |                    |                        | l Number    |                     |                   |
| CESSNA                               |   |                                | 2                         | 208B  |             |          |          |       |                    | 208B                   | 0046        |                     |                   |
| Airworthiness Certificate(s): Norm   | al                                      |                                |                           |   |             |          |          |       |                    |                        |             |                     |                   |
| Landing Gear Type: Tricycle          |   |                                |                           |   |             |          |          |       |                    |                        |             |                     |                   |
| Homebuilt Aircraft? No               | Number of Seats:                        | 2                              | Ce                        | Certified Max Gross Wt. 8750 LBS                |             |          |          |       |                    | Number of En           |             | gines               | : 1               |
|                                      |   |                                |                           | Engine Manufacturer: Model/Series: P&W PT6A-114 |             |          |          |       |                    | Rated Power:<br>600 HP |             |                     |                   |
| - Aircraft Inspection Information    |   |                                |                           |   |             |          |          | •     |                    |                        |             |                     |                   |
| Type of Last Inspection              |   |                                | Date o                    | Date of Last Inspection Time Since              |             |          |          |       | ce Last Inspection |                        |             | Airframe Total Time |                   |
| AAIP                                 |   |                                | 12/10                     | 2/10/1988 41 Ho                                 |             |          |          |       |                    | ours 1041 Hours        |             |                     |                   |
| - Emergency Locator Transmitter (    | ELT) Information                        |                                |                           |   |             |          |          |       |                    | •                      |             |                     |                   |
| ELT Installed? Yes                   | ELT Operat                              | ed? Ye                         | s                         | ELT Aided in Locating Accident Site? Yes        |             |          |          |       |                    |                        |             |                     |                   |
| Owner/Operator Information           |   |                                |                           |   |             |          |          |       |                    |                        |             |                     |                   |
| Registered Aircraft Owner            |   |                                | Str                       | Street Address 2005 CORPORATE AVENUE            |             |          |          |       |                    |                        |             |                     |                   |
| FEDERAL EXPRESS                      |   |                                | Cit                       | City  |             |          |          |       |                    |                        |             | ,                   | Zip Code          |
|                                      |   |                                | Ctr                       | MEMPHIS Street Address                          |             |          |          |       |                    |                        |             |                     | 38132             |
| Operator of Aircraft                 |   |                                | 311                       | Street Address 2635 EAST AIR LANE               |             |          |          |       |                    |                        |             |                     |                   |
| P. M. AIR, INC.                      |   |                                |                           | City PHOENIX                                    |             |          |          |       |                    |                        | State<br>AZ | - 1                 | Zip Code<br>85034 |
| Operator Does Business As:           | !                                       | Operator Designator Code: EKDA |                           |   |             |          |          |       |                    |                        |             |                     |                   |
| - Type of U.S. Certificate(s) Held:  |   |                                |                           |   |             |          |          |       |                    |                        |             |                     |                   |
| Air Carrier Operating Certificate(s) | On-demand Air                           | Тахі                           |                           |   |             |          |          |       |                    |                        |             |                     |                   |
| Operating Certificate:               |   |                                |                           |   | Operator 0  | Certific | cate:    |       |                    |                        |             |                     |                   |
| Regulation Flight Conducted Unde     | r: Part 135: Air Ta                     | axi & Co                       | ommut                     | ter   |             |          |          |       |                    |                        |             |                     |                   |
| Type of Flight Operation Conducted   | d: Unknown                              |                                |                           |   |             |          |          |       |                    |                        |             |                     |                   |
|                                      |   | FACT                           | UAL R                     | EPOF  | RT - AVIATI | ION      |          |       |                    |                        |             |                     | Page 2            |

National Transportation Safety Board
FACTUAL REPORT
AVIATION

NTSB ID: DEN89FA056

Occurrence Date: 01/05/1989

| AVIATI   | Occurrence Type: Accident                       |                 |               |                         |           |           |            |                    |                    |          |                  |                     |
|--|---|-----------------|---------------|-------------------------|-----------|-----------|------------|--------------------|--------------------|----------|------------------|---------------------|
| First Pilot Information  |   |                 |               |                         |           |           |            |                    |                    |          |                  |                     |
| Name   |   |                 |               |                         | City      |           |            |                    | 8                  | State    | Date of Birth    | Age                 |
| On File  |   |                 |               |                         | On File   | е         |            |                    | C                  | n File   | On File          | 33                  |
| Sex: M Seat Occupied   | : Left  | Prir            | ncipal Profes | sion: Civilia           | n Pilot   |           |            |                    | Certific           | cate Num | ber: On File     | -                   |
| Certificate(s): Commercial   |   |                 |               |                         |           |           |            |                    |                    |          |                  |                     |
| Airplane Rating(s): Mult   | i-engine Lar                                    | nd; Single-e    | ngine Land    |                         |           |           |            |                    |                    |          |                  |                     |
| Rotorcraft/Glider/LTA: None  |   |                 |               |                         |           |           |            |                    |                    |          |                  |                     |
| Instrument Rating(s): Airplane   |   |                 |               |                         |           |           |            |                    |                    |          |                  |                     |
| Instructor Rating(s): None   |   |                 |               |                         |           |           |            |                    |                    |          |                  |                     |
| Type Rating/Endorsement for Accident/Incident Aircraft? No Current Biennial Flight Review? |   |                 |               |                         |           |           |            |                    |                    |          |                  |                     |
| Medical Cert.: Class 1   | Medica  | al Cert. Status | s: Valid Med  | dicalno wa              | aivers/li | im.       |            | Date               | of Last            | Medical  | Exam: 04/16/19   | 988                 |
|  | •   |                 |               |                         |           |           |            |                    |                    |          |                  |                     |
| - Flight Time Matrix   | light Time Matrix  All A/C  This Make and Model |                 |               | Airplane<br>Mult-Engine | Nigh      | Night Ins |            | trument<br>Sim     | ument<br>Simulated |          | Glider           | Lighter<br>Than Air |
| Total Time   | 5347 322  |                 | 1300          | 3700                    | 1         | 1630      |            | 200                |                    |          |                  |                     |
| Pilot In Command(PIC)  | 4800  |                 | 1300          | 3700                    |           |           |            | 00                 |                    |          |                  |                     |
| Instructor   | 800   |                 | 800           |                         |           |           |            |                    |                    |          |                  |                     |
| Last 90 Days   |   |                 |               |                         |           |           |            |                    |                    |          |                  |                     |
| Last 30 Days   |   | 0               | 0             |                         |           |           |            |                    |                    |          |                  |                     |
| Last 24 Hours  | 2   | 2               | 2             |                         | 1.        | Tovice    | Jan Darf   | rmad?              | N.I                |          | Cocond Dilat? V  |                     |
| Seatbelt Used? Yes   | Shou  | lder Harness    | Used? Yes     |                         |           | TOXICO    | logy Perfo | ormea?             | NO                 |          | Second Pilot? Yo | es                  |
| Flight Plan/Itinerary  |   |                 |               |                         |           |           |            |                    |                    |          |                  |                     |
| Type of Flight Plan Filed: IF  | R   |                 |               |                         |           |           |            |                    |                    |          |                  |                     |
| Departure Point  |   |                 |               |                         |           | State     | Ai         | rport Ide          | ntifier            | Depa     | arture Time      | Time Zone           |
| DENVER   |   |                 |               |                         |           | СО        | D          | DEN                |                    |          | 5                | MST                 |
| Destination  |   |                 |               |                         |           | State     | Ai         | Airport Identifier |                    |          |                  |                     |
| Same as Accident/Incide  |   | <b>G</b> tato   |               | ASE                     |           |           |            |                    |                    |          |                  |                     |
| Type of Clearance: IFR   |   |                 |               |                         |           |           |            |                    |                    |          |                  |                     |
| Type of Airspace: Class  | D; Class E                                      |                 |               |                         |           |           |            |                    |                    |          |                  |                     |
| Weather Information  |   |                 |               |                         |           |           |            |                    |                    |          |                  |                     |
| Source of Briefing: Flight Service Station   |   |                 |               |                         |           |           |            |                    |                    |          |                  |                     |
| Method of Briefing:  |   |                 |               |                         |           |           |            |                    |                    |          |                  |                     |
|  |   |                 | FACTUAL       | REPORT                  | - AVIA    | TION      | 1          |                    |                    |          |                  | Page 3              |

National Transportation Safety Board
FACTUAL REPORT
AVIATION

NTSB ID: DEN89FA056

Occurrence Date: 01/05/1989

Occurrence Type: Accident

|                                  | FTYBOR  |   |         | currenc   | е туре. | Accide             | ii.        |             |                 |          |                              |     |  |
|----------------------------------|---|---|---------|-----------|---------|--------------------|------------|-------------|-----------------|----------|------------------------------|-----|--|
| Weather Information              |   |   |         |           |         |                    |            |             |                 |          |                              |     |  |
| WOF ID                           | Observation Time  | Time Zone   | WOF     | Elevation | on      | WOF D              | istance Fr | rom Acci    | dent Site       |          | Direction From Accident Site |     |  |
| ASE                              | 0745  | MST   | 78      | 815 Ft.   | MSL     |                    |            |             | 3 NM            |          | 77 Deg. Mag.                 |     |  |
| Sky/Lowes                        | st Cloud Condition: Unkr  |   |         |           |         | 0 Ft.              | AGL        | Condition o | of Ligh         | nt: Dawn |                              |     |  |
| Lowest Ce                        | illing: Obscured  | Ę   | 900 Ft. | AGL       | Visib   | Visibility: 3 SM A |            |             | Alti            | meter:   | 29.00                        | "Hg |  |
| Temperatu                        | ıre: -1 °C  | .6 °C   | Wind    | Direction | :       |                    |            | Dei         | nsity Altitude: | 7740     | Ft.                          |     |  |
| Wind Spee                        | ed: Calm  | Weather Condtions at Accident Site: Instrument Conditions |         |           |         |                    |            |             |                 |          |                              |     |  |
| Visibility (F                    | Visibility (RVR): 0 Ft. Visibility (RVV) 0 SM Intensity of Precipitation: Light |   |         |           |         |                    |            |             |                 |          |                              |     |  |
| Restrictions to Visibility: None |   |   |         |           |         |                    |            |             |                 |          |                              |     |  |
|                                  |   |   |         |           |         |                    |            |             |                 |          |                              |     |  |
| Type of Pro                      | ecipitation: Snow   |   |         |           |         |                    |            |             |                 |          |                              |     |  |
|                                  |   |   |         |           |         |                    |            |             |                 |          |                              |     |  |
| Accident                         | Information   |   |         |           |         |                    |            |             |                 |          |                              |     |  |
| Aircraft Da                      | raft Fire   | <b>)</b> :  |         |           |         | Aircraft Exp       | losio      | n           |                 |          |                              |     |  |
| Classificati                     | ion:  |   |         |           |         |                    | _          |             |                 |          |                              |     |  |
| - Injury Su                      | mmary Matrix  | Fatal   | Serious | Mino      | -       | None               | TOTAL      |             |                 |          |                              |     |  |
| First Pi                         | ilot  |   | 1       |           |         |                    |            | 1           |                 |          |                              |     |  |
| Second                           | d Pilot   |   |         |           |         |                    | <u> </u>   |             |                 |          |                              |     |  |
| Studen                           | nt Pilot  |   |         |           |         |                    |            |             |                 |          |                              |     |  |
| Flight I                         | nstructor   |   |         |           |         |                    |            |             |                 |          |                              |     |  |
| Check                            | Pilot   |   |         |           |         |                    |            |             |                 |          |                              |     |  |
| Flight E                         | Engineer  |   |         |           |         |                    |            |             |                 |          |                              |     |  |
| Cabin /                          | Attendants  |   |         |           |         |                    |            |             |                 |          |                              |     |  |
| Other (                          | Crew  |   |         |           |         |                    |            |             |                 |          |                              |     |  |
| Passer                           | ngers   |   |         |           | 1       |                    |            | 1           |                 |          |                              |     |  |
| - TOTAL A                        | ABOARD -  |   | 1       |           | 1       |                    | İ          | 2           |                 |          |                              |     |  |
| Other 0                          | Ground  | 0   | 0       |           | 0       |                    |            | 0           |                 |          |                              |     |  |
| - GRANE                          | O TOTAL -   | 0   | 1       |           | 1       |                    |            | 2           |                 |          |                              |     |  |
|                                  |   |   |         |           |         |                    |            |             |                 |          |                              |     |  |

National Transportation Safety Board

FACTUAL REPORT AVIATION

Occurrence Date: 01/05/1989

Occurrence Type: Accident

Administrative Information

Investigator-In-Charge (IIC)

ARNOLD W. SCOTT

Additional Persons Participating in This Accident/Incident Investigation:

JOHN TOMPKINS FAA AURORA, CO 80010

ANDREW L HALL CESSNA AIRCRAFT CO. WICHITA, KS 67277

HELMUTH EGGELING P.M. AIR, INC. PHOENIX, AZ 85034